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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB-06)				Application Number 09/635,864		Filing Date 10 August, 2000		<input type="checkbox"/> To be Mailed				
				Applicant(s) FRIEDMAN ET AL.		Page 1 of 2						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 02/12/2007		AFTER SEC. AMENDMENT		* 02/12/07		* 02/12/07		* 02/12/07	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1								51				
2								52				
3								53				
4								54				
5								55				
6								56				
7								57				
8								58				
9								59				
10								60				
11								61	1			
12								62	1			
13								63	1			
14								64	1			
15								65	1			
16								66	1			
17								67	1			
18								68				
19								69		(1)		
20								70		(1)		
21								71		(1)		
22								72		(1)		
23								73		(1)		
24								74		(1)		
25								75		(1)		
26								76		(1)		
27								77		(1)		
28								78		(1)		
29								79		(1)		
30								80		(1)		
31								81		(1)		
32								82		(1)		
33								83		(1)		
34								84		(1)		
35								85		(1)		
36								86		(1)		
37								87		(1)		
38								88		(1)		
39								89	1			
40								90	1			
41								91	1			
42								92	1			
43								93	1			
44								94	1			
45								95	1			
46								96	1			
47								97	1			
48								98	1			
49								99	1			
50								100	1			
Total Indep								Total Indep				
Total Depend								Total Depend				
Total Claims								Total Claims				

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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Part of Paper No021207-1.

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**Substitute for Form PTO-1360
(For use with Form PTO/SB-06)

Application Number

09/635,864

Filing Date

10 August, 2000

Applicant(s)

FRIEDMAN ET AL.

Page 2 of 2

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT 02/12/07		AFTER SEC. AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101				(1)			151					
102				(1)			152					
103							153					
104							154					
105							155					
106							156					
107							157					
108							158					
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144							194					
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147							197					
148							198					
149							199					
150							200					
Total Indep			7				Total Indep					
Total Depend				34			Total Depend					
Total Claims				41			Total Claims					

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